

Case Number:	CM14-0202864		
Date Assigned:	12/15/2014	Date of Injury:	01/31/2008
Decision Date:	06/01/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/04/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 63-year-old female who reported injury on 01/31/2008. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of ganglion of joint. Past medical treatments consist of medication therapy. Medications consistent Maxzide, Atenolol, Estrace and Voltaren. MRIs revealed soft tissue edema; the dorsal midfoot edema had now changed to fatty tissue overall; the posterior tibialis tendons and peroneal tendons appeared stable without evidence of progressive tearing or inflammation. On 10/14/2014, the injured worker complained of medial and lateral aspect pain in the ankle. Physical examination noted a nodule on the dorsal aspect of the 2nd ray that was tender. There was still mild to moderate soft tissue swelling on the dorsal aspect of the midfoot. There was tenderness over the posterior tibialis tendon and the peroneal tendons. The medical treatment plan was for surgical excision. Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Outpatient Right Dorsal Foot; Marginal Excision Soft Tissue Mass: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, Ganglion Cyst Removal.

Decision rationale: The Official Disability Guidelines indicate that a ganglion cyst is recommended for removal if the cyst is painful, if the ganglion cyst is pushing directly on a nerve and can cause nerve damage, or the ganglion cyst is large enough that it makes it difficult to wear shoes. The physician indicated that it was hard to tell if the injured worker had a lipoma or schwannoma and the injured worker continued to have pain. Additionally, the differential for a ganglion of the foot is synovial sarcoma, so the requested treatment of excisional would be appropriate. Given the above, the request for outpatient right dorsal foot; marginal excision soft tissue mass is medically necessary.